

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555908	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/01/2025
NAME OF PROVIDER OR SUPPLIER  South Pasadena Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  904 Mission St South Pasadena, CA 91030	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45099</b></p> <p>Based on observation, interview, and record review, the nursing staff failed to ensure one (1) of three (3) sampled resident (Resident 2) with a gastrostomy feeding tube (GT- a tube inserted into the stomach to provide nutrition when a person is unable to eat adequately through their mouth) received the GT feeding volume as ordered by the physician.</p> <p>This deficient practice had the potential to result in altered nutritional status, weight loss, not able to promote wound healing and potentially lead to more complications for Resident 2.</p> <p>Findings:</p> <p>During a review of Resident 2's Admission Record, the Admission Record indicated the resident was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that including but not limit to protein calorie malnutrition (a condition that occurs when a person ' s body doesn ' t get the right amount of nutrients it needs to function properly), stage 3 pressure ulcer (a small open sore or wound generally found in the stomach or on the skin) on left heel and stroke with dysphagia (difficulty swallowing) following cerebral infarction ( a medical condition that occurs when brain tissue dies due to a lack of blood flow and oxygen).</p> <p>During a review of Resident 2 ' s physicians order, the physicians order dated 3/26/2025 time stamped at 3 PM indicated an order for enteral/tube feeding (is a way to deliver nutrition directly into the stomach through a tube) 2 times a day at 60 cc/hour times 20 hours to provide 1200 cc in 24 hours. The physicians order also indicated to administer enteral feeding from 12 PM to 8 AM.</p> <p>During a review of Resident 2 ' s Care Plan initiated on 3/27/2025, the Care Plan indicated Resident 2 was dependent (helper does all the effort) on tube feeding for all nutrition and hydration and an approach plan which included gastrostomy tube feeding as ordered by physician.</p> <p>During a review of Resident 2 ' s Minimum Data Set (MDS- a resident assessment tool), dated 3/29/2025, the MDS indicated Resident 2 had severely impaired cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making. The MDS also indicated Resident 2 was dependent with oral and toileting hygiene, shower, upper and lower body dressing and putting on/taking off footwear. The MDS further indicated Resident 2 had a GT while a resident in the facility.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555908	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/01/2025
NAME OF PROVIDER OR SUPPLIER  South Pasadena Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  904 Mission St South Pasadena, CA 91030	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 4/1/2025 at 2:33 PM, Licensed Vocational Nurse 1 (LVN 1) confirmed Resident 2 ' s Jevity (a high protein, liquid formula with an extra fiber added used for tube feeding providing a complete and balanced source of nutrition) 1.2 Cal (indicates that the formula provides 1.2 calories per milliliter making it a concentrated source of calories for tube feeding) tube feeding was off. LVN 1 stated Resident 2 ' s tube feeding should have been turned on at 65 cc/hour from 12 PM and until 8 am. LVN 1 also stated he forgot to turn Resident 2 ' s tube feeding back on at 12 PM.</p> <p>During an interview on 4/1/2025 at 3:02 PM, Registered Nurse 1 (RN 1) stated residents that was inconsistent with oral food intake and experiencing weight loss, on 3/26/2025 physician ordered to start tube feeding on 3/27/2025 for proper nutrition and to help promote wound healing.</p> <p>During an interview on 4/1/2025 at 3:17 PM, the Director of Nursing (DON) stated it is important for Resident 2 and other residents with pressure ulcers (a small open sore or wound generally found in the stomach or on the skin) and are at risk for development of pressure ulcers to receive the right and proper nutrition to help with wound healing process.</p> <p>During a review of the facility's Policy and Procedure (P&amp;P) titled, Prevention of Pressure Injuries, revised 7/12/2023, indicated that the facility establishes and implement a nutrition plan for any resident with or at risk for a pressure injury who is malnourished or at risk for malnutrition. The policy also indicated that the facility provides optimal hydration, nutrient, protein and calorie requirement as established by current practice guidelines.</p> <p>During a review of facility ' s P&amp;P titled, Enteral Feeding, release date 10/1/2023, indicated that to prevent errors in administration, facility should - check the enteral nutrition label against order before administration such as formula label date and time an the formula was hung. It also indicated for preventing misconnection errors, should regularly inspect tubing for proper and secure connections.</p>		